

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE MR. FIRST RALPH MI
NICKNAME LAST McCLLOUD SUFFIX

OFFICE USE ONLY

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2412 ANN GLEN
FORT WORTH, TX 76119

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

5 CAMPAIGN
TREASURER
NAME

TITLE MS. FIRST CHRISTINA MI
NICKNAME LAST McCLLOUD SUFFIX

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
SAME

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 535 2880

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
04 / 03 / 03 04 / 26 / 03

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
05 / 03 / 03
☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

COUNCIL MEMBER #6

12 OFFICE SOUGHT (if known)

COUNCIL MEMBER DIST 8

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 11,325.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 4132.32

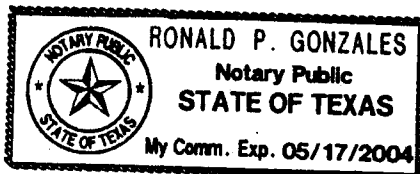
OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ralph McEloni, this the 28th day of April, 2003, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Printed name of officer administering oath

[Signature]
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

McCLOUD, RALPH

3 ACCOUNT # (Ethics Commission files)

4 Date

04/09/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

PAVLIC + ASSOCIATES

6 Contributor address; City; State; Zip Code

1115 W. 2ND ST
FORT WORTH, TX 76102

7 Amount of
contribution (\$)

250.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04/12/03

Full name of contributor

☐ out-of-state PAC (ID#)

LYNDA BRENDER

Contributor address; City; State; Zip Code

4121 HAMPSHIRE
FORT WORTH TX

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/12/03

Full name of contributor

☐ out-of-state PAC (ID#)

GLENN O. LEWIS

Contributor address; City; State; Zip Code

6328 BAN BURY DR
FORT WORTH, TX 76119

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/28/03

Full name of contributor

☐ out-of-state PAC (ID#)

ED. BASS

Contributor address; City; State; Zip Code

201 N. MAIN
FORT WORTH 76102

Amount of
contribution (\$)

1000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/7/03

Full name of contributor

☐ out-of-state PAC (ID#)

FRANK HARRISON

Contributor address; City; State; Zip Code

3838 OAK LAWN
DALLAS, TX

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**Fort Worth Professional Firefighters
Committee for Responsible Government**



Dear Mr. McCloud,

This letter is to notify you that to date, 4/20/03, your friends at the Ft. Worth Firefighters Committee for Responsible Government have made an In Kind contribution of \$320.23 to your campaign in the form of yard sign assembly. We have also made a direct campaign contribution of \$2000.

Sincerely,

A handwritten signature in black ink, appearing to be 'David Dodson', with a long horizontal flourish extending to the right.

David Dodson
President
FWFFCFRG

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

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3 ACCOUNT # (Ethics Commission filers)

4 Date

04/12/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

BOBBIE EDMONDS LAW OFS

6 Contributor address; City; State; Zip Code

210 W 6TH
FORT WORTH

76102

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/9/03

Full name of contributor

☐ out-of-state PAC (ID#)

VERNELL STURNS

Contributor address; City; State; Zip Code

612 HIGHWOODS TR
FORT WORTH TX

Amount of
contribution (\$)

100.60

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/12/03

Full name of contributor

☐ out-of-state PAC (ID#)

FORT WORTH FIRE FIGHTERS FOR
RESP. GOVT

Contributor address; City; State; Zip Code

417 N. RETTA

FORT WORTH, TX 76111

Amount of
contribution (\$)

2000.00

In-kind contribution
description (if applicable)

320.23

sign
assembly

Principal occupation (Optional)

Employer (Optional)

Date

4/12/03

Full name of contributor

☐ out-of-state PAC (ID#)

LAW OFFICE OF GWINDA BURNS

Contributor address; City; State; Zip Code

P.O. BOX 8704

FORT WORTH TX 76124

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/12/03

Full name of contributor

☐ out-of-state PAC (ID#)

FRANK MOSS CAMPAIGN

Contributor address; City; State; Zip Code

5625 EISENHOWER

FORT WORTH, TX 76112

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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2 FILER NAME

McCLOUD, RALPH

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/12/03

5 Full name of contributor

☐ out-of-state PAC (ID#:

VERNON EVANS

6 Contributor address; City; State; Zip Code

808 FIREWHEEL
FORT WORTH, TX 76112

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/8/03

Full name of contributor

☐ out-of-state PAC (ID#:

ROBERT TERRELL

Contributor address; City; State; Zip Code

7629 NOTWOOD
FORT WORTH, TX 76133

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/5/03

Full name of contributor

☐ out-of-state PAC (ID#:

VELMA AUSBROOKS

Contributor address; City; State; Zip Code

952 VICKI LN
FORT WORTH TX 76114

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/8/03

Full name of contributor

☐ out-of-state PAC (ID#:

MARY PALCO

Contributor address; City; State; Zip Code

2409 WINTON TER W,
FORT WORTH, TX 76109

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/16/03

Full name of contributor

☐ out-of-state PAC (ID#:

JAMES PUNAWAY

Contributor address; City; State; Zip Code

1501 MERRIMAC
FORT WORTH 76107

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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2 FILER NAME

McCLOUD, RALPH

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/16/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

JAMES TOAL

6 Contributor address; City; State; Zip Code

248 N. BAILEY
FORT WORTH TX 76107

7 Amount of
contribution (\$)

250.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/18/03

Full name of contributor

☐ out-of-state PAC (ID#)

DAVID F. CHAPPELL

Contributor address; City; State; Zip Code

201 MAIN ST
FORT WORTH TX 76102

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/14/03

Full name of contributor

☐ out-of-state PAC (ID#)

GERALD SHAW

Contributor address; City; State; Zip Code

2517 THANN'S H
FORT WORTH TX 76105

Amount of
contribution (\$)

125.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/16/03

Full name of contributor

☐ out-of-state PAC (ID#)

HOLT HICKMAN

Contributor address; City; State; Zip Code

P.O. Box 168
FORT WORTH, TX 76101

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/11/03

Full name of contributor

☐ out-of-state PAC (ID#)

THE DENT LAW FIRM

Contributor address; City; State; Zip Code

1120 PENN ST
FORT WORTH, TX 76102

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction guide explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME McCLOUD, RALPH		3 ACCOUNT # (Ethics Commission files)	
4 Date 3/31/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) REV NEMIAH DAVIS	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 2300 TIMBERLINE FORT WORTH TX 76119			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/02/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JOE DULLE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2127 PEMBROOK DR FORT WORTH TX			
Principal occupation (Optional)		Employer (Optional)	
Date 4/18/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JAMES TOAL	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 248 N. BAILEY FORT WORTH TX 76107			
Principal occupation (Optional)		Employer (Optional)	
Date 4/19/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) GLENN FORBES	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1401 COUNTRY DAY TRAIL BENBROOK			
Principal occupation (Optional)		Employer (Optional)	
Date 4/3/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) REED PIGMAN	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 500 TEXAS WAY FORT WORTH TX 76106			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME McCLOUD, RALPH		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/8/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WENDY DAVIS	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2325 MISTLETOE DRIVE FORT WORTH, TX 76118			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4/1/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MIKE HEISKELL	Amount of contribution (\$) 60.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1909 ATRY CT ARLINGTON TX			
Principal occupation (Optional)		Employer (Optional)	
Date 4/2/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARTY CRADDOCK	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4904 DEXTER FORT WORTH 76107			
Principal occupation (Optional)		Employer (Optional)	
Date 3/31/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DENNY ALEXANDER	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4206 S. HULEN FORT WORTH TX 76105			
Principal occupation (Optional)		Employer (Optional)	
Date 4/1/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES NICHOLS	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4821 OVERTON WOODS FORT WORTH TX 76109			
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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1 Total pages this Schedule A1:

2 FILER NAME

McCLOUD, RALPH

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/31/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

JOHN ROACH

6 Contributor address; City; State; Zip Code

2805 ALTON RD
FORT WORTH TX 76109

7 Amount of
contribution (\$)

50.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/21/01

Full name of contributor

☐ out-of-state PAC (ID#)

FRANCIS MCCARTHY

Contributor address; City; State; Zip Code

4209 ROWAN DRIVE
FORT WORTH TX 76114

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/24/03

Full name of contributor

☐ out-of-state PAC (ID#)

JAMES N. AUSTIN

Contributor address; City; State; Zip Code

2017 TEAKWOOD
FORT WORTH, TX 76112

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/21/03

Full name of contributor

☐ out-of-state PAC (ID#)

STEPHEN MEEKS

Contributor address; City; State; Zip Code

1125 HIDDEN OAKS PK
BEDFORD TX 76022

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/21/03

Full name of contributor

☐ out-of-state PAC (ID#)

GERALD ALLEY

Contributor address; City; State; Zip Code

608 LOCH CHALET CT
ARLINGTON, TX 76012

Amount of
contribution (\$)

1000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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1 Total pages this Schedule A1:

2 FILER NAME

McCLOUD, RALPH

3 ACCOUNT # (Ethics Commission files)

4 Date

4/14/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

GREATER FW BOARD OF REALTORS

6 Contributor address; City; State; Zip Code

2650 PARKVIEW DR.
FW 76102

7 Amount of contribution (\$)

1000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/26/03

Full name of contributor

☐ out-of-state PAC (ID#)

THEODIS WARE

Contributor address; City; State; Zip Code

6332 WARWICK HILLS
FORT WORTH TX 76132

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/22/03

Full name of contributor

☐ out-of-state PAC (ID#)

JUDY G. NEEDHAM

Contributor address; City; State; Zip Code

5328 COLLINWOOD
FORT WORTH, TX 76102

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/21/03

Full name of contributor

☐ out-of-state PAC (ID#)

LORI LIVERY

Contributor address; City; State; Zip Code

1107 ELIZABETH
FORT WORTH TX 76100

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/3/02

Full name of contributor

☐ out-of-state PAC (ID#)

Q PAC

Contributor address; City; State; Zip Code

301 COMMERCE ST
FORT WORTH TX 76102

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

McCLOUD

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Kwik

Cory

7 Amount (\$)

4/20/03

6 Payee address;

City: State: Zip Code

281.51

8 Purpose of payment (See instructions regarding type of information required.)

COPYING

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Kwik

COPY

Amount (\$)

4/25/03

Payee address;

City: State: Zip Code

386.78

Purpose of payment (See instructions regarding type of information required.)

COPYING

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

CHRISTINA L. McCLOUD

Payee address;

City: State: Zip Code

Amount (\$)

4/

2412

Arlington

Fort

Worth TX

250.00

Purpose of payment (See instructions regarding type of information required.)

WALK TEAM FUNDS/
FOOD9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

BE DE

APPARRE L

Amount (\$)

4/24

Payee address;

City: State: Zip Code

TOWN Center Mall

248.00

Purpose of payment (See instructions regarding type of information required.)

T-shirts

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

04/15/03

HAWK ELECTRONICS

6 Payee address; City: State: Zip Code

FORT WORTH TX

248.00

8 Purpose of payment (See instructions regarding type of information required.)

Telephone Cellular
rental9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

03/17/03

U.S. Post Office

Payee address; City: State: Zip Code

22.00

Purpose of payment (See instructions regarding type of information required.)

P.O. Box RENTAL

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

04/24/02

U.S. Post Office

Payee address; City: State: Zip Code

235.00

Purpose of payment (See instructions regarding type of information required.)

BULK RATE FEE

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

4/22/03

US Post Office

Payee address; City: State: Zip Code

835.00

Purpose of payment (See instructions regarding type of information required.)

mailing (Bulk)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount
(\$)

4/12/03

6 Payee address; City; State; Zip Code

KINKO'S

CAMP BOWIE

156.96

8 Purpose of payment (See instructions regarding type of information required.)

PRINTING

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

4/11/03

Payee address; City; State; Zip Code

ECKERD DRUGS

9620
FWWHITE SETTLEMENT
- 76108

27.61

Purpose of payment (See instructions regarding type of information required.)

Photo Printing

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

4/15/03

Payee address; City; State; Zip Code

G&TV

1515 BRENTWOOD DR
KELLER

806.46

Purpose of payment (See instructions regarding type of information required.)

SIGN PRINTING

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

04/18/03

Payee address; City; State; Zip Code

KIP KING

400.00

Purpose of payment (See instructions regarding type of information required.)

SIGN INSTALLATION

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

4/12/03

TASTE BUDS

6 Payee address; City; State; Zip Code

RIVERSIDE Drive

235.00

8 Purpose of payment (See instructions regarding type of information required.)

fund raiser
food

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED